

## STATE OF CONNECTICUT

## DEPARTMENT OF AGRICULTURE



**Bureau of Aquaculture and Laboratory** 

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## APPLICATION FOR AQUACULTURE OPERATIONS

Applicant's Name:	Company:						
Mailing Address:		Phone:					
Location of aquaculture facility/operation: _							
Purpose: Commercial Research Educational Other (explain)							
Species:							
Activity: Hatchery	Growout	Holding					
System: Pond	Flow Through						
Other (explain)							
Total Number of							
a). Ponds	d). Incubator Trays						
b). Tanks							
c). Raceways							
Feed Type and ingredients							
Source (Company and Location)							
Importation of eggs, seed, stockers/broodstock	ck: YES	NO					
Source (Company and Location)							
Theraputants/Drug Use: YES	NO						
List:							
Source of Intake Water:							
Approximate Volume		GPD					
Pretreatment (physical/chemical) describe:							
Name and Location of Waters Receiving Disc	charge (effluent)						
Approximate Volume		GPD					
	inuous Other (expl	lain):					
Approximate Volume  Frequency of Discharge: Cont  Type of Treatment (physical/chemical) de	inuous Other (expl	•					

Effluent Quality (des	scribe na	ature and type of i	materials disch	arged):			
Product/Crop Dispos	sition:	Live Whole Fresh Fillets		Shucked Smoked Other			
Product/Crop Use:	Proce	te Stocking	W	ublic Stocking /holesaler roker/Agent		Fee Fishing on Site Retailer Other	
Signature:							
Details of Operation	al Plan:						
Application Type:	] Finfis	sh operation (\$65.	.00 payable to	Commissioner	of Agriculture)	Shellfish operation	on (No fee)
			Bureau of Aqu	H. Volk, Director aculture and La epartment of Ag	boratory		
		P. 0. Box 97 Rogers Avenue		Tel: (2	203) 874-0696		

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